INSTRUCTIONS (Items marked * are optional):	5. List complete address to include county and nine-digit zip code.
PLEASE TYPE. List exact name of business and, if individual, list LAST name of debtors first. E C Please verify and enter Social Security number for each debtor. Business Likeau S E C	6. Fill in original Financing Statement number with place and date filed. 1. Fully codes should be included and are listed on the back of form.
numbers.	8. Forth must contain appropriate signatures. 9. Submit completed form in triplicate with appropriate filing fee to Secretary of State
 Please check debtor type P if individual and C if commercial (commercial includes sole proprietorship). 	UCC Division, P.O. Box 136, Jackson, MS 39205-0136 and for Chancery Clerk of proper county.
his statement is presented to the Filing Officer for filing pursuant to the U	Jniform Commercial Code UCC-3 DeSoto County, MS OF MISSISSIPPI
DIALES	BK 1238 PG 0616
.Debtor(s) State Street Bank and Trust Company, as	
Owner Trustee Dur (Last Name Furst)/Business Name Trust Department Trust Department	Debtor (Last Name First)/Business Name
2 International Place, 4th Floor failing Address	Mailing Address
Boston M A 02110	
ity State *County Code Zip	City State *County Code Zip
"Type of Debtor.	*Type of Debtor:
Fax ID/S.S.# P C	*Tax ID/S.S.# P C
Secured Party(ies) First Security Bank of Utah, National Association, as Indenture Trustee	
ecurel (Last Name First)/Business Name ATTN: Corporate Trust Department	Secured (Last Name First)/Business Name
79 South Main Street	Address
Salt_Lake City U T 84111	
ity State *County Code Zip	City State *County Code Zip
*Type of Secured:	*Type of Secured:
Tax ID/S.S.# P C	"Tax ID/SS.# P C
. This statement refers to original Financing Statement bearing: ile Number: 210-9-95 Bk785/Pg450	Date Filed: 09/29/95
$\mathbb{L}\square$ Continuation. The original Financing Statement between the forego	ing Dobtor and Socured Party bearing file number chaum above
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